

I encourage all Members of Congress to support this resolution. Let's praise and acknowledge the valiant efforts of all the Offices of Inspector Generals to facilitate our oversight duties and help us to improve the programs and operations of the Federal Government,

EXTENSION OF REMARKS ON THE MEDICARE MEDICAL NUTRITION THERAPY ACT

HON. JOHN E. ENSIGN

OF NEVADA

IN THE HOUSE OF REPRESENTATIVES

Monday, October 12, 1998

Mr. ENSIGN. Mr. Speaker, it is rare for any legislation in the House of Representatives to obtain the support of a majority of its members. In fact, fewer than one percent of all bills introduced in the 105th Congress have reached this status. I would like to announce with pride that a bill I sponsored, H.R. 1375, The Medical Nutrition Therapy Act, has achieved this remarkable level of support.

Over 220 of our colleagues support this measure because they recognize that the absence of coverage for nutrition therapy services is a glaring omission in current Medicare policy. Medical science makes clear that properly nourished patients are better able to resist disease and recover from illnesses than those who are malnourished. We also know that elderly Americans are at a higher risk of malnutrition than others in society due to the naturally occurring aging process.

Despite this knowledge, Medicare does not cover nutrition assessment and counseling services by registered dietitians—what is commonly known in the health care field as medical nutrition therapy (MNT). As a result, the elderly either pay for this service out of their own pockets, or go without. This is not a choice that those on fixed incomes should have to make. Medical nutrition therapy is medically necessary care and ought to be a covered benefit.

I am convinced that this bill is an important part of the solution to saving Medicare. It will help us cut costs without sacrificing the quality of patient care. Empirical evidence shows that MNT is effective for patients with diabetes, heart disease, cancer and other costly diseases that are prominent among the elderly. It lowers treatment costs by reducing and shortening the length of hospital stays, preventing health care complications and decreasing the need for medications. Yet still, we do not provide seniors coverage for this care.

It should be noted that support for medical nutrition therapy is not confined to Congress. Major patient advocacy groups including the American Cancer Society, the American Heart Association, the National Kidney Foundation, the American Diabetes Association and the National Osteoporosis Foundation also support coverage for MNT. These groups understand that appropriate nutrition therapy saves money and lives.

Any measure that achieves such an impressive level of political support is deserving of serious deliberation in this body. While I regret that this bill will not be taken up in the remaining days of this Congress, I urge the leadership of both parties to make this bill a top priority next year. While the Balanced Budget Act helped strengthen the Medicare program in

the short term, additional reforms will be necessary to prepare the program for the coming retirement of the Baby Boom generation. Congress will be remiss if it overlooks medical nutrition therapy as part of those long-term reforms.

In closing, I want to thank the American Dietetic Association and the Nevada Dietetic Association for their fine work in helping me educate members of Congress about this important measure. The dedicated health and nutrition professionals represented by those groups can be proud of how far this bill had advanced in the 105th Congress and confident that we will ultimately succeed in these efforts.

STAND UP FOR STEEL

HON. JERRY F. COSTELLO

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Monday, October 12, 1998

Mr. COSTELLO. Mr. Speaker, I rise today to stand up for steel. Our steel industry is being decimated and the Republican leaders in Congress have once again resorted to partisan tactics that hurt American workers.

I am a cosponsor of H. Con. Res. 328. This resolution was cosponsored by 120 of my colleagues—both Democrat and Republican. This resolution calls on the Administration to take all necessary measures to respond to the surge of unfairly traded steel imports resulting from financial crises overseas. When one of my democratic colleagues attempted to bring the matter up for debate in this House last week, he was rebuked, essentially along party lines.

Instead, today the Republican leadership brings to the floor of this House a sham steel resolution. The Republican resolution makes substantial changes to water-down H. Con. Res. 328. This weakened resolution does not adequately address the seriousness and urgency of the steel crisis, nor the prospect of losing hundreds of thousands of American jobs.

The U.S. steel industry is suffering because the Russian and Asian financial crises have led those countries to illegally dump their steel on our market. Unfortunately, the trade laws that would protect American workers from unfair and illegal practices are being ignored. Foreign steel is pouring into our country where it is being sold below the cost of production. U.S. steel prices have fallen 20 percent in the last three months and will dive even further in the future if we do not act now. The U.S. steel industry has been forced to layoff workers and move to shorter work weeks. The industry has seen significant cuts in production and orders have been lost. In my district, steel companies have been forced to send workers home and are operating on four-day weeks.

We can ill-afford to be the world's dumping ground for unfairly-traded steel. While I am saddened by the financial disasters in Asia, Russia, and elsewhere, these countries should not be allowed to export their problems here. We must find other means to help our trading partners deal with their economic challenges. Allowing unfairly-traded steel to flood our markets helps no one.

I am disappointed and ashamed that the Republican leadership in this body has turned the steel crisis into a partisan game. The reso-

lution we consider today is a poor attempt to lull American workers into thinking that Republicans are concerned about their plight. We should reject this resolution. We must take a real stand for U.S. steel and U.S. steelworkers. This resolution does not fit the bill. Let's send it back and bring a strong resolution—like H. Con. Res. 328—to the floor of this House. I urge my colleagues to defeat this resolution.

TRIBUTE TO THE HUNTER COLLEGE CENTER ON AIDS, DRUGS AND COMMUNITY HEALTH

HON. JOSÉ E. SERRANO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, October 12, 1998

Mr. SERRANO. Mr. Speaker, I rise today to pay tribute to the Hunter College Center on AIDS, Drugs and Community Health, which will celebrate its tenth anniversary of promoting public health in New York City on Friday, October 16.

The Hunter College Center on AIDS, Drugs and Community Health was created in 1987 to respond to the growing public health crises that were devastating New York City's low-income communities. Its mission is to assist the people and organizations in poor neighborhoods to respond more effectively to the threats to public health caused by HIV/AIDS, substance abuse, tuberculosis, violence and related conditions.

Mr. Speaker, in the past ten years, the Center has provided direct services to more than 25,000 individuals, helped more than 75 community organizations create or strengthen health programs, trained more than 5,000 health and social service professionals, and provided internships, courses or research placements to more than 2,000 students from Hunter and elsewhere.

The Center has also received more than \$17 million in grants and contracts from private foundations and public agencies and has in turn provided more than \$500,000 directly to community organizations and neighborhood service providers to support their programs.

While it is important, and appropriate, to recognize the caregivers who provide these services, it is even more important that those individuals who have made special efforts to overcome their challenges also receive our attention and support.

As the Center enters its second decade, it has ambitious plans for the future. Beginning in 1998, with the support of the New York City Department of Health and in collaboration with the Hunter Center for Occupational and Environmental Health, the Center will provide training, assistance and evaluation support for a new citywide initiative against childhood asthma, which is a major problem in my congressional district.

Mr. Speaker, I hope my colleagues will join me in honoring the physicians, nurses, case-workers, administrators, clerical workers, and all of the other caregivers and support staff of the Hunter College Center on AIDS, Drugs and Community Health for their outstanding efforts at this important milestone, and in wishing them continued success.